(X6) DATE:

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 394047			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/10/2023		
NAME OF PROVIDER OR SUPPLIER: KIDSPEACE ORCHARD HILLS CAMPUS STATE LICENSE NUMBER: 01470100		STREET ADDRESS, 5300 KIDS PE OREFIELD, F	ACE DRIV				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
A 0000	This report is the result of a full Medicare recertification survey conducted onsite on April 2023 to April 7, 2023 and completed offsite on April 10, 2023, at KidsPeace Orchard Hills Campus. It was determined the facility was in substantial compliance with the requirements of CFR, Title 42, Part 482-Conditions of Participation for Hospitals. It was also determined the facility was in complete with 42 CFR, Title 42, Part 482-Conditions of Participation for Hospitals at 482.42(g)(1)-(3)(i) COVID-19 Vaccination of Facility Staff.		e on s s in nts of 42 icipation ompliance s of	A 0000			
A 0084				A 0084			
LIBORITORIA	DIRECTOR'S OR PROVIDER/SUPPLI	ED DEDDEGENTATIVEIG GION	ATURE		TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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	TATEMENT OF DEFICIENCIES AND LAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION: COMPLETED: COMPLETED: 4. BLDG:00		:				
KIDSPEA	OVIDER OR SUPPLIER: CE ORCHARD HILLS C SE NUMBER: 01470100	CAMPUS	STREET ADDRESS, 5300 KIDS PE OREFIELD, I	EACE DRIV			
(X4) ID PREFIX TAG	MUST BE PRECEE	ENT OF DEFICIENCIES (EACH DEFI EDED BY FULL REGULATORY OR NTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		IOULD BE	(X5) COMPLETE DATE
A 0084	effective manner.		d	A 0084	All contracted services emplifications assessed annually by the hose Risk Management Department the KidsPeace Board of Directors Management form and poloutlining the review procedule developed by the Hospital Management department. The review procedure will be follows: An assessment will be documented for each vendor by the Risk Management Department and These assessments will be resulted by the hospital Quality, Safe Compliance (QSC) committed monthly meetings. The resulted assessments and QSC review added to the KidsPeace Boad Directors Meeting for final and implementation of new July 1st, 2023	tal will be spital ent and ectors. licy ure will al Risk be as mented enually. eviewed ety and tee in lts of the w will be rd of approval.	Completion Date: 04/28/2023 Status: APPROVED Date: 05/04/2023

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 394047		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/10/2023	ETED:	
NAME OF PROVIDER OR SUPPLIER: KIDSPEACE ORCHARD HILLS CAMPUS STATE LICENSE NUMBER: 01470100		STREET ADDRESS, 5300 KIDS PE OREFIELD, P	ACE DRIV					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
A 0084	Continued from page 2			A 0084	Responsible Party:			
					Hospital Director of Risk Management			

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		394047	A. BLDG: <u>00</u>		04/10/2023		
NAME OF PROVIDER OR SUPPLIER: KIDSPEACE ORCHARD HILLS CAMPUS STATE LICENSE NUMBER: 01470100		STREET ADDRESS, 5300 KIDS PE OREFIELD, I	ACE DRIV				
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A 0084	Continued from page 3			A 0084			
	Based on review of pol	licy and procedures,	facility				
	documents, and staff in	nterview (EMP), it w	as				
	determined that the gov	verning body failed	to ensure				
	the contracted services	for clinical laborato	ry testing				
	services, patient transp	ortation services,					
	biohazardous waste dis	sposal, translation se	rvices,				
	and mobile x-ray servi	ces were provided in	n an				
	effective manner.						
	On April 5, 2023, at ap	proximately 11:15 A	AM a				
	request was made to El	MP1 for the facility'	s policy				
	regarding evaluation of						
	was provided.						
	On April 5, 2023, at ap	proximately 11:30 A	AM a				
	request was made to El	-					
	governing body's revie						
	contracted services: cli						
	services, patient transp	-					
	biohazardous waste dis	· · · · · · · · · · · · · · · · · · ·	rvices,				
	and mobile x-ray service	. ,	· ·				
	On April 5, 2023, at ap	•					
	request was made to El						
				1			ı

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 394047				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/10/2023	ΞY
KIDSPEAC	VIDER OR SUPPLIER: CE ORCHARD HILLS CA	MPUS	STREET ADDRESS, 5300 KIDS PE OREFIELD, P	ACE DRIV			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
A 0084	the quality assessment improvement (QAPI) of evaluation of the follow laboratory testing services, biohazardous services, and mobile x-provided. Interview with EMP1 of approximately 2:30 PM body or QAPI committed evaluate the contracted transportation services, disposal, translation services.	committee's review a wing contracts: clinices, patient transport waste disposal, transport vaste disposal, transport vaste disposal, transport vaste disposal, transport vaste disposal, at a confirmed the governed deed does not review a services of patient, biohazardous waste	tation slation was erning	A 0084			
A 0144				A 0144			

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	FOF DEFICIENCIES AND PRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	(X3) DATE SUR! COMPLETED: 00		VEY
KIDSPEA	OVIDER OR SUPPLIER: ACE ORCHARD HILLS C ISE NUMBER: 01470100	AMPUS	STREET ADDRESS 5300 KIDS PI OREFIELD,	EACE DRIV			
(X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DE EDED BY FULL REGULATORY OF TIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
A 0144		CIGHTS: CARE IN SAFE to receive care in a safe set not met as evidenced by:		A 0144	A comprehensive risk assess will be scheduled for completed July 1st, 2023. The risk asses will be conducted annually thereafter. The assessment we jointly conducted by the Dir PA Operations and the Risk Management Department of KidsPeace Children's Hospit Results of the assessment we communicated to the Environ Care (EOC) Committee and to Hospital leadership throug Quality, Safety and Complia (QSC) committee. The annually will be added as a Board of agenda item to be reviewed board. Policy Number: CH.4211 Linking Risk at the Hospital will be and updated to include specific responsible parties and dead completion. Policy Number: ORG.1407 Building Safety Tour will be	etion by sssment vill be ector of tal. ill be somment of reported gh the sunce sal report Directors by the igature reviewed iffic lines for	Completion Date: 04/28/2023 Status: APPROVED Date: 05/09/2023

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE DENTIFICATION NUMBER 1 (XI) PROVIDER/SUPPLIE DENTIFICATION			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		394047		B. WING:	04/10/2023		
KIDSPEAG	VIDER OR SUPPLIER: CE ORCHARD HILLS CA SE NUMBER: 01470100	MPUS	STREET ADDRESS, 5300 KIDS PE OREFIELD, F	ACE DRIV			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
A 0144	Continued from page 6			A 0144	reviewed with members of the Management department in individual supervision. Target date for completion: 1st,2023 Responsible Parties: Director of PA Operations Hospital Director of Risk Management		

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/10/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: KIDSPEACE ORCHARD HILLS CAMPUS STATE LICENSE NUMBER: 01470100		STREET ADDRESS, 5300 KIDS PE OREFIELD, I	EACE DRIV				
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
A 0144	Based on a review of finterview (EMP), it was failed to maintain a saffailing to conduct an arenvironmental risk asserbindings include: Review on April 6, 202 Safety Tour", approved "I. Policy Statement: Econducted in KidsPeac corrective actions shall Review on April 6, 202 revealed there was not environmental risk asserbe year 2022. Interview conducted on at 10:45 AM confirmed assessment for 2022 were assessment fo	as determined that the environment for particular comprehensive essment. 23 of facility policy of January 7, 2020 resoluted and all not be promptly performed as a facility document of the essment was conducted an April 5, 2023, with dan enviironmental	"Building vealed s shall be necessary med" ents e a ted for	A 0144			

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PLAN OF CORRECTION (POC) IDEN			(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 394047		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/10/2023	
NAME OF PROVIDER OR SUPPLIER: KIDSPEACE ORCHARD HILLS CAMPUS STATE LICENSE NUMBER: 01470100		STREET ADDRESS, 5300 KIDS PE OREFIELD, P	ACE DRIV				
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
A 0144	Continued from page 8			A 0144			
A 0631				A 0631			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		394047			<u>ou</u>	04/10/2023	
PLAN OF COR NAME OF PRO KIDSPEAC	VIDER OR SUPPLIER: CE ORCHARD HILLS CASE E NUMBER: 01470100 SUMMARY STATEMENT MUST BE PRECEEDE	anual approved by the ceadily available to all meersonnel.	STREET ADDRESS, 5300 KIDS PE OREFIELD, F FICIENCY R LSC	A. BLDG: _ B. WING: _ CITY, STATE, Z	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOCK CROSS-REFERENCED TO THE ACTION SHOCK CROSS	COMPLETED: 04/10/2023 CCTION (EACH OULD BE APPROPRIATE all will anual" te did to tranet dily ring and	(X5) COMPLETE DATE Completion Date: 04/28/2023 Status: APPROVED Date: 05/09/2023
					A Standard Operating Protoco be developed to ensure the P Nutrition Care Manual is rev annually and any updates are incorporated.	ediatric viewed	
					Target date for completion J 2023. Responsible Parties: Licensed Dietician	une 1st,	

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER:	TIFICATION NUMBER: A. BLDG:00		(X3) DATE SURVEY COMPLETED: 04/10/2023		
KIDSPEA	OVIDER OR SUPPLIER: CE ORCHARD HILLS CA	MPUS	STREET ADDRESS, 5300 KIDS PE OREFIELD, P	ACE DRIV			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
A 0631	Continued from page 10			A 0631	Vice President of Medical A	ffairs	

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 394047			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/10/2023	
NAME OF PROVIDER OR SUPPLIER: KIDSPEACE ORCHARD HILLS CAMPUS STATE LICENSE NUMBER: 01470100			STREET ADDRESS, 5300 KIDS PE OREFIELD, I	EACE DRIV			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
A 0631	Based on review of fact and staff interviews (Efacility failed to create diet manual approved listaff and make it readil nursing, and food service the policy of KidsPeace provided with meals the properly prepared, and surroundsC. Special shall never be offered a but shall be provided to following conditions: a appropriate medical or or approved by a regist complete meal service choice between dietary.	MP), it was determinand maintain a theraby the dietitian and rely available to all medice personnel. cy on April 4, 2023 agust 4, 2004 revealed that all clients shall at are nutritionally as served in pleasant. Diets 1. Therapeuticas a reward or punish o clients only under a) When prescribed to dental staff; b) As detered dietitian; and coand not as a supplemental and regular remains and remains an	"Menu ed "I. It is Il be adequate, c diets hment, the by lirected) As a ment to or meals"	A 0631			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 394047	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(X3) DATE SURVEY COMPLETED: 04/10/2023		
NAME OF PROVIDER OR SUPPLIER: KIDSPEACE ORCHARD HILLS CAMPUS STATE LICENSE NUMBER: 01470100			STREET ADDRESS, CITY, STATE, ZIP CODE: 5300 KIDS PEACE DRIVE OREFIELD, PA 18069				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
A 0631	Continued from page 12 Therapeutic Diet Manual on April 4, 2023. None was provided. Interview with EMP7 on April 4, 2023, at 1:45 PM confirmed "We do not have a therapeutic diet manual"		1:45 PM	A 0631			

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Certified End Page

KIDSPEACE ORCHARD HILLS CAMPUS

STATE LICENSE NUMBER: 01470100 SURVEY EXIT DATE: 04/10/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY